



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits Section – Bay and Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

May 9, 2008

Marye L. Thomas, MD, Director
Alameda County Behavioral Health Care Services
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

Dear Ms. Thomas:

AUDIT REPORT – ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Alameda County Behavioral Health Care Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

	<u>Settled</u>	<u>Net Program Costs</u> <u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 48,021,278	\$ 45,672,925	\$(2,352,457)
Federal Share of Healthy Families/Medi-Cal	\$ 126,166	\$ 122,063	\$ (4,103)
State General Funds EPSDT Due State	\$ 13,882,207	\$ 13,764,506	\$ (117,702)

Marye L. Thomas, MD, Director
May 9, 2008
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If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

Shirley Castaneda for
WALTER J. HILL, JR., MBA, EA
Chief of Audits

Shirley Castaneda
SHIRLEY CASTANEDA, Supervisor
Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

ALAMEDA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
COUNTY - FFP	(Sch. 2a)	\$ 22,197,839	\$ (2,501,075)	\$ 19,696,764
TOTAL COUNTY HEALTHY FAMILY FFP		42,311	(3,192)	39,119
TOTAL COUNTY FFP WITH HEALTHY FAMILIY		<u>\$ 22,240,150</u>	<u>\$ (2,504,268)</u>	<u>\$ 19,735,882</u>
CONTRACT PROVIDERS - FFP	(Sch. 3b)	25,823,439	152,722	25,976,161
TOTAL CONTRACT PROVIDERS HEALTHY FAMILY FFP		83,855	(911)	82,944
TOTAL CONTRACT PROVIDERS FFP		<u>\$ 25,907,294</u>	<u>\$ 151,811</u>	<u>\$ 26,059,105</u>
TOTAL SD/MC FFP		48,021,278	(2,348,353)	45,672,925
TOTAL HEALTHY FAMILY FFP		126,166	(4,103)	122,063
TOTAL FFP		<u>\$ 48,147,443</u>	<u>\$ (2,352,457)</u>	<u>\$ 45,794,987</u>

SUMMARY OF STATE GENERAL FUNDS

EPSDT - SGF	(Sch. 4)	\$ 13,882,207	\$ (117,702)	\$ 13,764,506
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SCHEDULE 2

ALAMEDA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 12,168,502	\$ (50,721)	\$ 12,117,781
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	13,129,071	(293,073)	12,835,998
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	5,029	237	5,266
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	605	1	606
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	49,531	1	49,532
9. Total		<u>\$ 25,352,738</u>	<u>\$ (343,556)</u>	<u>\$ 25,009,182</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 2,312,854	\$ 369,654	\$ 2,682,508
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	124,428	12,923	137,351
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 2,437,282</u>	<u>\$ 382,577</u>	<u>\$ 2,819,859</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 9,860,677	\$ (420,139)	\$ 9,440,538
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	13,005,248	(305,995)	12,699,253
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	49,531	1	49,532
25. Total		<u>\$ 22,915,456</u>	<u>\$ (726,133)</u>	<u>\$ 22,189,323</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 1,540,090	\$ (1,163,258)	\$ 376,832
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	1,686,471	(4,566)	1,681,905
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	3,936,209	(1,611,687)	2,324,522
29. Total		<u>\$ 7,162,770</u>	<u>\$ (2,779,510)</u>	<u>\$ 4,383,260</u>

SCHEDULE 2a

**ALAMEDA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

Amount Negotiated Rates Exceed Cost

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 11,386,126	\$ 697,001	\$ 12,083,127
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 9,067,559	\$ (665,095)	\$ 8,402,464
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 9,067,559</u>	<u>\$ (665,095)</u>	<u>\$ 8,402,464</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 17,765	\$ (7,292)	\$ 10,473
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 15,366	\$ (4,174)	\$ 11,192
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 15,366</u>	<u>\$ (4,893)</u>	<u>\$ 10,473</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 1,435,767	\$ (81,405)	\$ 1,354,362
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 516,242</u>	<u>\$ 81,403</u>	<u>\$ 597,645</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 11,760,012	\$ (355,652)	\$ 11,404,360
46. Enhanced (Children)	(MH1979, Ln 17,17A)	3,664	153	3,817
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	4,565,437	(1,792,677)	2,772,760
49. Administrative Reimbursement	(MH1979, Ln 6)	4,533,780	(332,548)	4,201,232
50. U.R. Skilled Professional	(MH1979, Ln 14)	1,076,825	(61,054)	1,015,772
51. U.R. Other	(MH1979, Ln 15)	258,121	40,702	298,823
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 22,197,839</u>	<u>\$ (2,501,075)</u>	<u>\$ 19,696,764</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0

56. Total SD/MC Reimbursement - FFP		<u>\$ 22,197,839</u>	<u>\$ (2,501,075)</u>	<u>\$ 19,696,764</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 32,285	\$ 0	\$ 32,285
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	10,026	(3,192)	6,834
60. Total Healthy Families Reimbursement - FFP		<u>\$ 42,311</u>	<u>\$ (3,192)</u>	<u>\$ 39,119</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 22,240,150</u>	<u>\$ (2,504,268)</u>	<u>\$ 19,735,882</u>
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(To Sch. 1)

SCHEDULE 3

Legal Entity Number	Legal Entity	(1) (2) (3) (4) (5) (6) (7) (8) (9) 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ALAMEDA COUNTY
SUMMARY OF CONTRACT PROVIDERS MEDICAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	Total Revenue (Excl. HFP) (Ln 28 to 30)	Healthy Families Revenue (Ln 31)	Total Revenue (Excl. HFP) (Ln 28 to 30)	Healthy Families Revenue (Ln 31)	Total Net Cost (Excl. HFP) (Col 4-11)	Healthy Families Net Cost (Col 5-12)	Total Net Cost (Excl. HFP) (Col 6-13)	Healthy Families Net Cost (Col 10-14)	Total Reimbursement (MHI 1979) (Ln 11-13)
00005	Berkley City	0	0	0	0	0	0	0	0	0
00010	Bay Area Community Services	0	0	0	0	0	0	0	0	0
00012	La Familia Counseling Service	0	0	0	0	0	0	0	0	0
00013	Berkley Place, Inc.	0	0	0	0	0	0	0	0	0
00014	Berkley Place, Inc.	0	0	0	0	0	0	0	0	0
00016	Lechem Schools, Inc.	0	0	0	0	0	0	0	0	0
00018	Telecare Corporation	0	0	0	0	0	0	0	0	0
00019	Alameda County Mental Health	0	0	0	0	0	0	0	0	0
00010	West Oakland Health Center	0	0	0	0	0	0	0	0	0
00011	East Bay Agency for Children	0	0	0	0	0	0	0	0	0
00012	Lincoln Child Center	0	0	0	0	0	0	0	0	0
00013	Parental Stress Services	0	0	0	0	0	0	0	0	0
00014	Sanctuary Center	0	0	0	0	0	0	0	0	0
00015	Change thru Xanthos	0	0	0	0	0	0	0	0	0
00016	UC Center on Deafness	0	0	0	0	0	0	0	0	0
00017	Building Opportunities	0	0	0	0	0	0	0	0	0
00018	Ann Martin Children's Center	0	0	0	0	0	0	0	0	0
00019	Alameda County Mental Health As	0	0	0	0	0	0	0	0	0
00020	Crisis Support Services	0	0	0	0	0	0	0	0	0
00021	La Clinica de La Raza	0	0	0	0	0	0	0	0	0
00022	Schuman-Liles Clinic, Inc.	0	0	0	0	0	0	0	0	0
00023	Catholic Charities of SF	0	0	0	0	0	0	0	0	0
00024	Alta Bates Medical Center	0	0	0	0	0	0	0	0	0
00025	Asian Pacific Psychological	0	0	0	0	0	0	0	0	0
00026	Adolescent Treatment Center	0	0	0	0	0	0	0	0	0
00027	East Bay Community Recovery Project	0	0	0	0	0	0	0	0	0
00028	Children's Learning Center	0	0	0	0	0	0	0	0	0
00029	S.T.A.R.S., Inc.	0	0	0	0	0	0	0	0	0
00030	West Coast Children's Center	0	0	0	0	0	0	0	0	0
00031	Jewish Family & Children's Services	0	0	0	0	0	0	0	0	0
00032	Catholic Charities Diocese of Oakland	0	0	0	0	0	0	0	0	0
00033	Portia Bell Home	0	0	0	0	0	0	0	0	0
00034	Children's Hospital	0	0	0	0	0	0	0	0	0
00035	Bay Area Psychological Services	0	0	0	0	0	0	0	0	0
00036	Berkley Therapy Institute	0	0	0	0	0	0	0	0	0
00037	California School for Psychology	0	0	0	0	0	0	0	0	0
00038	Devis Street Community Center	0	0	0	0	0	0	0	0	0
00039	City of Fremont	0	0	0	0	0	0	0	0	0
00040	Community Drug (Council)	0	0	0	0	0	0	0	0	0
00041	Center of Family Counseling	0	0	0	0	0	0	0	0	0
00042	Family Services of San Leandro	0	0	0	0	0	0	0	0	0
00043	Family Services of the Tri-Valley	0	0	0	0	0	0	0	0	0
00044	Valley Community Health Center	0	0	0	0	0	0	0	0	0
00045	A Better Way, Foster Family Program	0	0	0	0	0	0	0	0	0
00046	St. Mary's Center	0	0	0	0	0	0	0	0	0
00047	Psychiatry Institute of International	0	0	0	0	0	0	0	0	0
00048	Earth Circle Counseling	0	0	0	0	0	0	0	0	0
00049	Bay Area Clinic for Self	0	0	0	0	0	0	0	0	0
00050	Oakland Unified School District	0	0	0	0	0	0	0	0	0
00051	Trinity Health Center	0	0	0	0	0	0	0	0	0
00052	Behavioral Problems of the Bay Area	0	0	0	0	0	0	0	0	0
00053	Hawthorne, Inc.	0	0	0	0	0	0	0	0	0
00054	Tri-Valley Haven	0	0	0	0	0	0	0	0	0
00055	Turning Point (Counseling) Center	0	0	0	0	0	0	0	0	0
00056	Trees in Crisis	0	0	0	0	0	0	0	0	0
00057	Interpret Counseling &	0	0	0	0	0	0	0	0	0
00058	North Berkeley Child Center	0	0	0	0	0	0	0	0	0
00059	Alameda Psychological Services	0	0	0	0	0	0	0	0	0
00060	Bay Area Children's	0	0	0	0	0	0	0	0	0
GRAND TOTAL		0	0	53,180	0	0	0	55,541,333	55,108	871,480

55500631

ALAMEDA COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
		Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement (FFP)	Healthy Families Reimbursement (FFP)	Total Reimbursement (FFP)	FFP Contract Maximum	Lower of FFP or Contract Maximum
		INPATIENT		OUTPATIENT		(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)					
00065	Berkeley City	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,230,413	\$ 646	\$ 2,231,059	\$	\$ 2,231,059
00101	Bay Area Community Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 904,084		\$ 904,084	\$	\$ 904,084
00102	La Familia Counseling Service	\$ 0	\$ 0	\$ 0	\$ 0	\$ 434,105	\$ 5,045	\$ 439,150	\$	\$ 439,150
00103	Berkeley Place, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 278,036		\$ 278,036	\$	\$ 278,036
00104	Bonita House, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 521,868		\$ 521,868	\$	\$ 521,868
00106	La Chalm Schools, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 495,456		\$ 495,456	\$	\$ 495,456
00108	Telecare Corporation	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,098,907		\$ 3,098,907	\$	\$ 3,098,907
00108	Asian Community Mental Health	\$ 0	\$ 0	\$ 0	\$ 0	\$ 793,097	\$ 811	\$ 793,708	\$	\$ 793,708
00110	West Oakland Health Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 807,731		\$ 807,731	\$	\$ 807,731
00111	East Bay Agency for Children	\$ 0	\$ 0	\$ 0	\$ 0	\$ 808,141	\$ 2,815	\$ 810,956	\$	\$ 810,956
00112	Lincoln Child Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,221,851	\$ 10,899	\$ 3,232,550	\$	\$ 3,232,550
00113	Fred Finch Youth Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,811,098	\$ 5,927	\$ 2,817,023	\$	\$ 2,817,023
00114	Parental Stress Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 883,888	\$ 3,905	\$ 887,803	\$	\$ 887,803
00115	Seneca Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,594,102	\$ 1,641	\$ 3,595,743	\$	\$ 3,595,743
00116	Change thru Xanthos	\$ 0	\$ 0	\$ 0	\$ 0	\$ 24,003	\$ 0	\$ 24,003	\$	\$ 24,003
00117	UC Center on Deafness	\$ 0	\$ 0	\$ 0	\$ 0	\$ 62,997	\$ 0	\$ 62,997	\$	\$ 62,997
00368	Building Opportunities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 123,504	\$ 0	\$ 123,504	\$	\$ 123,504
00369	Ann Martin Children's Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 219,748	\$ 213	\$ 219,959	\$	\$ 219,959
00370	Alameda County Mental Health As	\$ 0	\$ 0	\$ 0	\$ 0	\$ 32,005	\$ 0	\$ 32,005	\$	\$ 32,005
00371	Crisis Support Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 454	\$ 0	\$ 454	\$	\$ 454
00372	La Clinica de La Raza	\$ 0	\$ 0	\$ 0	\$ 0	\$ 313,697	\$ 2,566	\$ 316,263	\$	\$ 316,263
00375	Schuman-Liles Clinic, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 230,770	\$ 0	\$ 230,770	\$	\$ 230,770
00486	Catholic Charities of SF	\$ 0	\$ 0	\$ 0	\$ 0	\$ 399	\$ 0	\$ 399	\$	\$ 399
00533	Alta Bates Medical Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,423	\$ 0	\$ 1,423	\$	\$ 1,423
00534	Asian Pacific Psychological	\$ 0	\$ 0	\$ 0	\$ 0	\$ 151,642	\$ 740	\$ 152,382	\$	\$ 152,382
00536	Adolescent Treatment Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 163,000	\$ 0	\$ 163,000	\$	\$ 163,000
00537	East Bay Community Recovery Project	\$ 0	\$ 0	\$ 0	\$ 0	\$ 116,730	\$ 0	\$ 116,730	\$	\$ 116,730
00540	Children's Learning Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 87,980	\$ 0	\$ 87,980	\$	\$ 87,980
00551	S.T.A.R.S., Inc	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,796,238	\$ 45,666	\$ 1,641,904	\$	\$ 1,641,904
00641	West Coast Children's Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 21,935	\$ 0	\$ 21,935	\$	\$ 21,935
00843	Jewish Family & Children's Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 15,429	\$ 0	\$ 15,429	\$	\$ 15,429
00844	Catholic Charities Diocese of Oakland	\$ 0	\$ 0	\$ 0	\$ 0	\$ 9,630	\$ 0	\$ 9,630	\$	\$ 9,630
00700	Portia Bell Hume	\$ 0	\$ 0	\$ 0	\$ 0	\$ 16,947	\$ 0	\$ 16,947	\$	\$ 16,947
00702	Children's Hospital	\$ 0	\$ 0	\$ 0	\$ 0	\$ 347,430	\$ 193	\$ 347,623	\$	\$ 347,623
00750	Bay Area Psychotherapy Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 38,967	\$ 395	\$ 38,962	\$	\$ 38,962
00751	Berkeley Therapy Institute	\$ 0	\$ 0	\$ 0	\$ 0	\$ 13,878	\$ 0	\$ 13,878	\$	\$ 13,878
00753	California School for Psychology	\$ 0	\$ 0	\$ 0	\$ 0	\$ 32,187	\$ 442	\$ 32,629	\$	\$ 32,629
00754	Davis Street Community Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,036	\$ 56	\$ 2,092	\$	\$ 2,092
00755	City of Fremont	\$ 0	\$ 0	\$ 0	\$ 0	\$ 16,805	\$ 0	\$ 16,805	\$	\$ 16,805
00756	Community Drug Council	\$ 0	\$ 0	\$ 0	\$ 0	\$ 33,585	\$ 0	\$ 33,585	\$	\$ 33,585
00757	Center of Family Counseling	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,383	\$ 0	\$ 3,383	\$	\$ 3,383
00758	Family Services of San Leandro	\$ 0	\$ 0	\$ 0	\$ 0	\$ 6,824	\$ 0	\$ 6,824	\$	\$ 6,824
00759	Family Services of the Tri-Cities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 32,997	\$ 0	\$ 32,997	\$	\$ 32,997
00760	Girls Incorporated of Alameda County	\$ 0	\$ 0	\$ 0	\$ 0	\$ 21,497	\$ 0	\$ 21,497	\$	\$ 21,497
00764	Valley Community Health Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 5,865	\$ 0	\$ 5,865	\$	\$ 5,865
00765	A Better Way, Foster Family Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 16,405	\$ 0	\$ 16,405	\$	\$ 16,405
00766	St Mary's Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 7,523	\$ 0	\$ 7,523	\$	\$ 7,523
00770	Psychotherapy Institute of Individual	\$ 0	\$ 0	\$ 0	\$ 0	\$ 10,384	\$ 0	\$ 10,384	\$	\$ 10,384
00785	Farth Circles Counseling	\$ 0	\$ 0	\$ 0	\$ 0	\$ 52,855	\$ 0	\$ 52,855	\$	\$ 52,855
00808	Bay Area Clinic for Self	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,202	\$ 0	\$ 4,202	\$	\$ 4,202
00818	Oakland Unified School District	\$ 0	\$ 0	\$ 0	\$ 0	\$ 207,733	\$ 0	\$ 207,733	\$	\$ 207,733
00855	Trinity Health Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 19,796	\$ 0	\$ 19,796	\$	\$ 19,796
00857	Heavenly Horris, Inc	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,029,010	\$ 1,164	\$ 1,030,194	\$	\$ 1,030,194
00858	Heavenly Pediatrics of the Bay Area	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,629	\$ 0	\$ 1,629	\$	\$ 1,629
00878	Tri-Valley Haven	\$ 0	\$ 0	\$ 0	\$ 0	\$ 178	\$ 0	\$ 178	\$	\$ 178
00879	Turning Point Counseling Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$ 0
01046	Teens in Crisis	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$ 0
01064	Integrated Counseling &	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$ 0
01087	North Berkeley Counseling Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,971	\$ 0	\$ 4,971	\$	\$ 4,971
01092	Allied Psychological Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$	\$ 0
01093	Bay Area Children First	\$ 0	\$ 0	\$ 0	\$ 0	\$ 117	\$ 0	\$ 117	\$	\$ 117
GRAND TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	\$ 25,078,941	\$ 82,944	\$ 26,081,885	\$	\$ 25,978,161
(To Sch. 1)										

SCHEDULE 4

**ALAMEDA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	61,456,072	(68,957)	61,387,115
(2) Total SD/MC Claims	63,262,817	0	63,262,817
(3) Percent % (Line 1/Line 2)	97.06%	-0.02%	97.04%
(4) EPSDT Claims	36,441,679	0	36,441,679
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	35,370,294	(9,087)	35,361,207
(6) Cost Settled Baseline for EPSDT	6,160,496	0	6,160,496
(7) Net Cost Settlement Amount (Line 5a - Line 6)	29,209,798	29,200,711	29,200,711
(8) 48.64% of Net Cost Settlement Amount (Line 7 x 48.64%)	14,184,278	(4,414)	14,179,865
(8a) FY 2001-02 EPSDT settlement (48.64% of net cost (8))	11,163,571	(1,137,301)	10,026,270
(8a) Annual Local Growth (8) - (8a) = (8b)	3,020,707	1,132,888	4,153,595
(9) County Match 10% of Local Growth (8b) X 10% = (9)	302,071	113,289	415,360
(10) Net Cost Settlement amount (8) - (9) = (10)	13,882,207	(117,702)	13,764,506
(11) SGF Distributed	75,574,988	0	75,574,988
(12) SGF Owed to the State	0	(117,702)	(117,702)
	<u>13,882,207</u>	<u>(117,702)</u>	<u>13,764,506</u> (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

**ALAMEDA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2003**

**FINDING 1 - ADJUSTMENT OF MEDI-CAL UNITS TO THE LESSOR OF THE
STATE DEPARTMENT OF MENTAL HEALTH SUMMARY OF APPROVED
CLAIMS REPORT (DMH SUMMARY) OR THE COUNTY'S RECORDS**

Our examination of the provider's records disclosed that in certain instances Medi-Cal units of service/time approved by the State as summarized in the DMH Summary dated April 27, 2007 were more than those shown in the County's records (PSP 356 Report). In other instances the DMH Summary was less than the County's records. As a result, the audit adjusted Medi-Cal units of service/time to agree with lesser of the DMH Summary or the County's records.

Background

Medi-Cal units of services for FY 2002-2003 were claimed and reported by Alameda County as follows:

Interim Billings - Claims

Throughout FY 2002-03, Alameda County claimed reimbursement on a regular basis for Mental Health services provided to Medi-Cal eligible clients. The State made payments to the County for the federal portion of the billed services. The DMH Summary dated April 27, 2007 was used by Department of Mental Health Audit staff to establish the maximum units that could be allowed for reimbursement subject to verification to the County's records. The DMH Summary identifies units of service that have been approved by the State and does not confirm that a unit of service/time was actually rendered by the County.

Year End Cost Report

According to Department of Mental Health Policy Letter No. 03-05 that references Section 5718(c) of the Welfare and Institutions Code, counties were required to submit a cost report to the Department by December 31, 2003 for services rendered during FY 2002-03. The cost report is used to establish the basis for final reimbursement for Medi-Cal services. Alameda County submitted a cost report to the Department for FY 2002-03 that included, among other things, Medi-Cal units of service/time. Medi-Cal units of service/time are ordinarily taken from the county's billing records and the County claimed as the correct final approved Medi-cal units.

**ALAMEDA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
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FOR FISCAL PERIOD ENDED JUNE 30, 2003**

Short-Doyle/Medi-Cal Reconciliation

Each year counties are given an opportunity to make corrections to certain items reported on the cost report. The process is referred to as the Short-Doyle/Medi-Cal (SD/MC) Reconciliation. According to Department of Mental Health Policy Letter 03-05, counties are allowed to "add or subtract Medi-Cal units of service and revenue that have changed subsequent to the cost report submission for each legal entity. For FY 02/03, this process was scheduled to occur between August and October 2004".

The County submitted a revised cost report to the Department in accordance with the provisions of this policy letter that included an update of the Medi-Cal units of service/time previously submitted to the Department on or about December 31, 2003.

The Department's final settlement with the County was based on the revised cost report dated May 11, 2005.

Rationale for Adjustment

Adjustments to reported Medi-Cal unit's by service function followed the following sequence:

- The revised cost report was adjusted to the DMH Summary;
- The DMH Summary was then adjusted to the County's records ;
- The County record's report was then adjusted to the lesser of the County's report or the DMH Summary.

The County's Report was designated by the State DMH Audits staff to be used as the County's records for the purpose of adjusting Medi-Cal units of service/time to agree with the County's records. This was in lieu of looking at actual client charts. The underlying presumption was that the revised Medi-Cal cost report previously mentioned provided the County ample time (over fifteen months following the close of the year) to identify all Medi-Cal units of service that could be supported by it's billing records.

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For audit purposes:

- If the County's records showed less units of service/time by service function than the DMH Summary of Approved Claims Report, the County's records were accepted because the Department's Audits staff does not have authority to increase Medi-Cal units beyond what the State previously approved and as reflected in the DMH Summary. The underlying presumption is that if the County could have supported more units it would have billed more units.
- If the Medi-Cal units shown in the County's records were greater than those approved by the State as reflected in the DMH Summary, then the DMH Summary was accepted because the Department does not have authority to adjudicate claims at this late date. (As of issuance of the Audit Report.)

AUDIT AUTHORITY

California Code of Regulations, Title 9, Section 640
Code of Federal Regulations, Title 42, Section 2304
DMH Letter No. 03-05 Fiscal Year (FY) 2002-03 Cost Report Policy

RECOMMENDATION

We recommend that the County exercise due care when preparing the year end cost report and report only those Medi-Cal units of service/time that has been previously approved by the State and deduct Medi-cal units of service/time corrected by the County through the County's utilization review. These units should also be reflected in the County's records in accordance with DMH Letter No. 03-05, Section I D, Paragraph 5 (Maintenance of Records and Systems) that states:

"All accounting and management information system reports used to verify detailed data reported in the cost report must be maintained for future audit purposes. In addition, counties must maintain an internal reporting system to track SD/MC units and revenues that were approved and are valid. Complete reliance on the SD/MC Explanation of Balance (EOB) reports is not sufficient because certain approved claims, later deemed inappropriate, cannot be eliminated from these EOB reports. These reports can be used as a guide to verify internal records but should not be used in lieu of an internal reporting or tracking system."

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COMMUNITY MENTAL HEALTH SERVICES
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FOR FISCAL PERIOD ENDED JUNE 30, 2003**

AUDITEE RESPONSE

It is Alameda County's belief that due care is exercised when preparing the cost report. The county does not rely only on EOB reports. The county maintains reports separate from both the information management system and DMH.

**FINDING 2 - REPORTING THE MAA EXPENSES DID NOT FOLLOW THE
Approved MAA PLAN**

Our examination disclosed that the County's reported Medi-Cal Administrative Activities (MAA) costs of \$9,410,032 tied to supporting work sheets furnished by the County. However, further review of the County's work sheets disclosed that the County did not follow the County's approved MAA plan in accordance with the MAA unit functions. The MAA cost was recalculated for a total audited amount of \$5,984,981.

During the review of the MAA plan, it was determined that the County operated twenty (20) clinics under the County's MAA program. The audited MAA cost was based on the actual MAA staff time. The County's method included MAA staff job classifications which were not approved by the Department according to the County's approved MAA plan.

Testing

We selected two clinics claiming MAA costs for the fiscal year 02-03 to test the claimed actual costs. The two clinics we selected are County operated clinics. These providers were: Patient Services Technicians (PST) RU# (02002), and ACCESS RU# (8116, 8162, and 8162). Following are the results of our tests:

1. **Patient Services Technicians**

Units:

The PST clinic had audit exceptions of <41,055> for Service Function 01; <527,636> for Service Function 04 and <2,310> for Service Function 21. Total reported MAA units of 1,022,891 units were corrected to total audited units of 451,890.

Costs:

The PST clinic is 100% charged to the MAA program. The reported PST MAA cost is \$1,313,012 (This amount excluded the MAA Administrative costs). The clinic had an audit exceptions of <\$997,337> which included

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salaries, benefits and operating expenditures. This amount was reclassified to outreach due to the number of approved PST employees were not in accordance with the approved County MAA plan.

According to the County's approved MAA plan, only six Patient Services Technicians were approved MAA staff job classifications who can work under the MAA program. However, more than six Patient Services Technician's salaries and benefits were reported in the cost report. Thus, the audited salaries, benefits, and operating expenditure cost for PST MAA program is adjusted to \$312,656.

2. ACCESS

Units

The County reported total MAA units of 988,379. In accordance with the MAA plan, MAA units must be based on actual MAA staff time of the employees who were Rehabilitation Counselor II, Senior Psych Social Worker, Chief Clinical Psychologist, and Psychiatric social Worker II. The audited MAA units allowed for ACCESS were 587,520. The adjustment for the ACCESS MAA units was <400,859>.

Costs:

During review of ACCESS clinic, it was discovered that the County used non-approved MAA position's salaries and benefits to allocate MAA costs and identified them as Case management for Non-Open Cases. This description is identified as MAA activity code "F" according to the County's approved MAA plan.

Under the MAA activity code "F", a total of 98 employees were approved to work under the MAA program. The 98 employees were included in the following positions:

Chief Psychiatric Social Worker,
Clinical Nurse Specialist,
Clinical Psychologists,
Marriage Family Counselor II
Mental health Specialist II
Mental health Specialist III
Physician II
Psychiatric Social Worker I
Psychiatric Social Worker II
Rehabilitation Counselor II
Senior Clinical Psychologist

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Senior Psychiatric Social Worker
Senior Rehabilitation Counselor
Vocational Services Specialist II

The ACCESS clinic provided MAA services and Outpatient services. The total salaries and benefit costs of \$2,041,814 charged under the MAA program did not tie to the salaries and benefits detail report provided by the County in the amount of \$1,901,785. An adjustment was made to reflect the variance of <\$140,029>.

Total thirty five employees were shown under the ACCESS clinic site. Certain employee positions were not approved in accordance with the County's MAA plan. These were: Clinical Review Specialists, seven support staffs, three Specialists Clerks, and one Health Services Consultant. However, the County charged these positions' salaries and benefits to the MAA program. In addition, requested MAA time sheets were traced against the County's worksheets to verify the MAA salaries and benefits. The results were as follows:

1. Rehabilitation Counselor II, Senior Psych Social Worker, Chief Clinical Psychologist, and Psychiatric social Worker II were approved by the Department of Mental Health. The MAA staff Logs were also found. As such, these employees' salaries and benefits total of \$371,264 were allowed to be MAA salaries and benefits costs.
2. Certain non-Approved MAA position salaries and benefits with MAA staff Logs were found. County reported position of Clinical Review Specialist as part of the MAA costs and the MAA staff Logs was found. However, this position was not approved by the Department of Mental Health. And therefore, these costs were not allowed to be part of the MAA costs. Eighteen Clinical Review Specialists' salaries and benefits in the amount of \$1,266,190 were adjusted to Outreach costs as the nature of this MAA activity code is outreach.
3. Certain MAA position salaries and benefits without MAA staff Logs. These positions were that of seven Support Staff, three Specialist Clerks, one Health Services Consultant, one Chief Clinical Psychologist, and one Physician II. Due to these employees title supported treatment services, the total salaries and benefits of \$264,332 were reclassified as Treatment costs.

The Department allowed only those employees whose positions were approved and had the actual MAA staff logs. Thus, the audited MAA cost for ACCESS is \$430,780

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AUDIT AUTHORITY

Code of Federal Regulation (CFR) Section 413.13;
Center for Medicare and Medicaid Services, (CMS) Pub. 15-1 Section 2304
California Code of Regulations (CCR), Title 9, Section 640
Department of Health Services PPL Number 01-006A

RECOMMENDATION

We recommend that the County follow instructions per the DMH Letter No. 03-05, Cost Report Policy dated October 3, 2003, Under Section II J, when the reporting the MAA program costs. The section states, in part:

"Costs for MAA activities must be actual cost and therefore must be directly allocated."

In addition, under the cost report instruction, MAA costs reported in the cost report must be based on actual staff time captured at the service function level. The County must ensure that all records utilized in the preparation of the SD/MC cost report be properly kept and readily available for review. Supporting documentation must be properly labeled and have an audit trail. Accounting closing of the fiscal year or until such time as the audit has been settled for the fiscal year.

Furthermore, overall MAA program controller or manager need to follow the MAA plan and only allowed approved position and amount of employees to work for the MAA plan. Update the MAA approved plan if necessary.

AUDITEE RESPONSE

Alameda County is taking steps to insure that proper procedures are in place for monitoring the claim plan and claiming process. Staff and personnel issues have been addressed which contributed to this situation. Although the Clinical Review Specialist classification was not listed on the MAA claim plan, this change in title was due to a reclassification action at the County level. The staff continued to perform the same duties indicated in the claim plan.

**ALAMEDA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2003**

Finding 3 - CONTRACT AGREEMENT NOT FOUND WITH BERKELEY CITY

During our examination of Alameda County's Behavioral Health Care Services (BHCS) Medi-Cal contract providers units and contract maximums, Berkeley City was listed as a Medi-Cal contractor under the County. Further inquiry from County staff revealed that no written contract agreement was found between the County and Berkeley City. Furthermore, we were unable to locate neither a Memorandum of Understanding (MOU) nor a contract agreement as far back as FY97/98 between Berkeley City and Alameda County.

In addition, we determined that there were no payments made to Berkeley City as shown on the County's general ledger. During the field review, County staff described the following relationship between the County and Berkeley City:

- BHCS and City of Berkeley are beginning work on a contract.
- BHCS acts as a "pass through" for City of Berkeley. That is – the City of Berkeley provides MH services, inputs them into the City of Berkeley reporting units in the INSYST system (which we use to track and claim client services). BHCS then does the billing to Medicare, Medi-Cal and Insurance. We also prepare client bills for them, which they review and authorize prior to them being sent to clients. When payments are received from Medicare, Medi-Cal, EPSDT, SB90 or Insurance companies, BHCS identifies the payments for City of Berkeley (based on the client's services RU) and transfers these monies to the City of Berkeley Trust Fund. The monies from the trust fund along with the relevant Remittance Advices, EOB or Approval Reports are forwarded to Berkeley.
- There are limitations on payments made by Alameda County to City of Berkeley. BHCS does not reimburse City of Berkeley for indigent client services; we only pass through revenues earned from third party payers for City of Berkeley services.
- Berkeley receives their own MHSA funding from the state (as well as participating under the BHCS MHSA plan).
- Berkeley receives their own Realignment funding from the state, and provides their own match to Medi-Cal
- Berkeley was receiving monies under AB2034 program
- Alameda County submits CSI data for City of Berkeley along with all other CBO and county operated sites

The Department records showed that during the period of audit, Berkeley City received AB 2034 funding in the amount of \$955,000 (Alameda did not receive a separate allocation for AB 2034).

**ALAMEDA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2003**

The State Controller Office (SCO) posted spreadsheets; Berkeley City also received Realignment dollars in the amount of \$2,418,060.77 (\$1,674,595.26 Sales Tax, \$743,465.51 VLF).

According to historical notes, starting with FY 97-98, Berkeley City's EPSDT SGF settlement was combined with Alameda County's. There is no separate baseline for Berkeley City indicated in the source documents used for the settlement.

AUDIT AUTHORITY

Cost & Financial Reporting System Fiscal Year 2002-2003;
Cost Report Policy DMH Letter Number 03-05 Dated October 3, 2003;
Section 1903(a)(1) Social Security Act

RECOMMENDATION

Contractors who provide services to Medi-Cal beneficiaries shall have a written contract agreement with the County. The County shall certify claims submitted to the Department for Medi-Cal reimbursement for mental health services. Federal Medicaid claiming rules require that federal funds be claimed only after services are rendered and expenditures have been made. The claim must reflect the total expenditure amount, actually paid for the services provided before federal reimbursement is claimed.

Furthermore, the County shall assure the State that required matching funds are available prior to the reimbursement of federal funds. Cost of all services must be specified in a contract agreement between the County and the contractor. The contract shall establish the contract maximum reimbursement for services provided by the contractor to Medi-Cal eligible individuals.

AUDITEE RESPONSE

DMH has never issued any directions, instructions or policy which would clarify the relationship between the City of Berkeley and Alameda County or indicate a change in the City of Berkeley's status as a city-based public mental health jurisdiction. The City of Berkeley has never been defined as a "contractor" with Alameda County in the true sense of the word. The transition of the City of Berkeley to the "umbrella" of Alameda County occurred at the time of outpatient consolidation. This was done for a variety of reasons, at the request of DMH in order to comply with state regulations, particularly in regards to outpatient consolidation funding. At the time, it was understood that city of Berkeley would retain their city-based public mental health jurisdiction status, although per DMH instruction, city of Berkeley services were included in the Alameda County cost report. In the intervening years DMH has continued to treat and fund them as a

AUDIT ADJUSTMENTS

Provider ALAMEDA COUNTY				Provider Number 00001	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS To adjust payment to contract providers to agree with the County's records. CMS PUB. 15-1 SEC. 2304	\$ (107,792,792)	\$ (867,510)	\$ (108,660,302)
2	MH 1960	4	C	OTHER ADJUSTMENTS To adjust reported total other adjustment to agree with the County's record. CMS PUB. 15-1 SEC. 2304	\$ 32,361,474	\$ 684,640	\$ 33,046,114 *
3	MH 1960	4	C	OTHER ADJUSTMENTS To adjust A-87 costs to agree with the formally approved Countywide Cost allocation Plan report dated October 30, 2002. CMS PUB. 15-1 SEC. 2304, DMH letter 90-03	** \$ 33,046,114	\$ (489,695)	\$ 32,556,419 *
4	MH 1960	4	C	OTHER ADJUSTMENTS To adjust ACCESS clinic total salaries and benefits costs to agree with the County records. CMS PUB. 15-1 SEC. 2304	** \$ 32,556,419	\$ (140,029)	\$ \$32,416,390 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider ALAMEDA COUNTY				Provider Number 00001	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
5	MH 1960	4	C	OTHER ADJUSTMENTS To eliminate VOC cost which is not a Mental Health Program. CMS PUB. 15-1 SEC. 2304	** \$ 32,416,390	\$ (287,041)	\$ 32,129,349 *
6	MH 1960	4	C	OTHER ADJUSTMENTS To exclude Prior Year and Year End Adjustments to agree with the county records. CMS PUB. 15-1 SEC. 2304	** \$ 32,129,349	\$ (23,549)	\$ 32,105,800 *
7	MH 1960	4	C	OTHER ADJUSTMENTS To include the costs of the assets under \$5,000 and have less than three years useful lives. CMS PUB. 15-1 SEC. 108	** \$ 32,105,800	\$ 198,252	\$ 32,304,052 *
8	MH 1960	4	C	OTHER ADJUSTMENTS To eliminate the depreciation costs included by the County on adjustment number 8. CMS PUB. 15-1 SEC. 102, 104, 108	** \$ 32,185,660	\$ (84,194)	\$ 32,101,466
9	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To reflect adjustment numbers 1 through 8.	\$ 90,728,132	\$ (1,009,126)	\$ 89,719,006
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
ALAMEDA COUNTY				00001	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
10	MH 1960	9	3	SD/MC ADMINISTRATION	\$ 9,067,559	\$ (9,067,559)	\$ 0
11	MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION	15,366	(15,366)	0
12	MH 1960	11	3	NON SD/MC ADMINISTRATION	3,629,355	(3,629,355)	0
Info.	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	<u>\$ 12,712,280</u>		<u>\$ 12,712,280 *</u>
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments are made to administrative costs below.			
13	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 1,435,767	\$ (1,435,767)	\$ 0
14	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW	516,242	(516,242)	0
15	MH 1960	15	3	NON-SD/MC UTILIZATION REVIEW	779,983	(779,983)	0
Info.	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	<u>\$ 2,731,992</u>		<u>\$ 2,731,992 *</u>
				To eliminate the reported distribution of Utilization Review costs. Costs will be redistributed after adjustments to utilization review costs.			
16	MH 1960	12	3	TOTAL ADMINISTRATIVE COST	** \$ 12,712,280	\$ (489,695)	\$ 12,222,585 *
				To adjust A-87 costs to agree with the formally approved Countywide Cost allocation Plan report dated October 30, 2002 and reflect adjustment number 3.			
				CMS PUB. 15-1 SEC. 2304, DMH letter 90-03			
17	MH 1960	12	3	TOTAL ADMINISTRATIVE COST	** \$ 12,222,585	\$ 1,486,209	\$ 13,708,794 *
18	MH 1960	18	3	MODE COSTS	\$ 75,283,860	\$ (1,486,209)	\$ 73,797,651 *
				To reverse County's claimed MAA administrative cost for proper cost finding method.			
				CMS PUB. 15-1 SEC. 2304, 2300			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
ALAMEDA COUNTY				00001	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
19	MH 1960	12	3	TOTAL ADMINISTRATIVE COST	** \$ 13,708,794	\$ (943,139)	\$ 12,765,655 *
20	MH 1960	18	3	MODE COSTS	** \$ 73,797,651	\$ 943,139	\$ 74,740,790 *
				To identify MAA Administrative Cost based on the audited MAA cost.			
				CMS PUB. 15-1 SEC. 2304			
21	MH 1960	9	3	SD/MC ADMINISTRATION	** \$ 0	\$ 8,402,464	\$ 8,402,464
22	MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION	** 0	11,192	11,192
23	MH 1960	11	3	NON SD/MC ADMINISTRATION	** 0	4,351,999	4,351,999
Info.	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	** \$ <u>12,765,655</u>		\$ <u>12,765,655</u>
				To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on unique client count.			
				CMS PUB. 15-1 SEC. 2304			
24	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	** \$ 0	\$ 1,354,362	\$ 1,354,362
25	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW	** 0	597,645	597,645
26	MH 1960	15	3	NON-SD/MC UTILIZATION REVIEW	** 0	779,985	779,985
Info.	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	** \$ <u>2,731,992</u>		\$ <u>2,731,992</u>
				To reallocate total utilization review costs to Medi-Cal and non-Medi-Cal based on unique client count.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider ALAMEDA COUNTY				Provider Number 00001	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED GROSS COST</u>			
27	MH 1960	18	3	MODE COSTS To adjust mode costs to reflect adjustments numbers 1, 2, 4 through 9.	** \$ 74,740,790	\$ (519,431)	\$ 74,221,359
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
28	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55) To reflect adjustment number 5, 19 and 21.	\$ 9,410,032	\$ (543,070)	\$ 8,866,962
29	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	** \$ 8,866,962	\$ (997,348)	\$ 7,869,614 *
30	MH 1964	6	A	OUTREACH SERVICES (MODE 45) To reclassify Patient Services Technician MAA cost to Outreach Services cost.	\$ 903,289	\$ 997,348	\$ 1,900,637 *
31	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	** \$ 7,869,614	\$ (1,469,169)	\$ 6,400,445 *
32	MH 1964	6	A	OUTREACH SERVICES (MODE 45) To reclassify Case management of Non-Open Cases (MAA) cost to Outpatient Services (Mode 15 SFC 01)	** \$ 1,900,637	\$ 1,469,169	\$ 3,369,806
33	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	** \$ 6,400,445	\$ (415,904)	\$ 5,984,541
34	MH 1964	2-5	A	DIRECT SERVICES To recalssify Medi-Cal Administrative Activities Cost to direct services.	\$ 63,024,180	\$ 415,904	\$ 63,440,084 *
35	MH 1964	2-5	A	DIRECT SERVICES To reflect adjustment number 28.	** \$ 6,300,055	\$ (519,431)	\$ 5,780,624
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
ALAMEDA COUNTY				00001	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<p style="text-align: center;"><u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u></p>			
36	MH 1964	9	A	TOTAL DIRECT SERVICES	\$ 74,221,359	\$ (43,941,116)	\$ 30,280,243
				<p>The following costs are direct allocated:</p> <p>Audited Mode 05 Costs \$ 27,605,014</p> <p>Audited Program II 3,267,835</p> <p>Audited Mode 10-30 1,444,481</p> <p>Audited Mode 10-49 323,079</p> <p>Audited Mode 45 3,369,806</p> <p>Audited Mode 55 5,984,541</p> <p>Audited Mode 60 1,946,360</p> <p>TOTAL: \$ 43,941,116</p>			
				To identify directly assigned allowable costs.			
37	MH 1964	4	A	DAY SERVICES (MODE 10)	\$ 10,735,293	\$ (3,718,947)	\$ 7,016,346
38	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1)	21,416,038	1,847,859	23,263,897
Info.	TOTAL			TOTAL	\$ 32,151,331	\$ (1,871,088)	\$ 30,280,243
				To distribute audited Direct Services costs (Medi-Cal Modes) to Inpatient Services, Day Services and Outpatient Services using the Relative Value method method based on published charges.			
Info.	MH 1964	2	A	HOSPITAL INPATIENT SERVICES (MODE 05-SFC 10-19)	\$ 27,605,014	\$ 0	\$ 27,605,014
39	MH 1964	4	A	DAY SERVICES (MODE 10)	10,735,293	(1,951,387)	8,783,906
40	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1 + Program 2)	24,683,871	1,847,861	26,531,732
41	MH 1964	6	A	OUTREACH SERVICES (MODDE 45)	903,289	2,466,517	3,369,806
42	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	9,410,032	(3,425,491)	5,984,541
Info.	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	1,946,360	0	1,946,360
Info.	TOTAL	9	A	TOTAL MODE COSTS	\$ 75,283,860	\$ (1,062,499)	\$ 74,221,359
				To reflect adjustment numbers 29 through 40.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
ALAMEDA COUNTY				00001	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS - COUNTY</u>			
43	MH 1966A	2	Total	TOTAL UNITS - MODE 05-10	20,351	104	20,455
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 05-11	41	0	41
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 05-19	6,256	0	6,256
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 10-20	65,412	0	65,412
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 10-30	2,228	0	2,228
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 10-49	5,597	0	5,597
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 10-95	3,305	0	3,305
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 15-01	2,062,006	0	2,062,006 *
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 15-10	244,482	0	244,482
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 15-30	1,416,115	0	1,416,115
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 15-40	1,182,669	0	1,182,669
44	MH 1966A	2	Total	TOTAL UNITS - MODE 15-50	252,809	(2,464)	250,345
Info.	MH 1966A	2	Total	TOTAL UNITS - MODE 15-60	902,396	0	902,396
45	MH 1966A	2	Total	TOTAL UNITS - MODE 15-70	637,126	(26)	637,100
Info.				TOTAL UNITS	<u>6,800,793</u>	<u>(2,490)</u>	<u>6,706,243</u>
				To adjust total units to agree with the county's records.			
				CMS PUB. 15-1 SEC.2304			
46	MH 1966A	2	Total	TOTAL UNITS - MODE 55	3,760,527	(55,716)	3,704,811 *
47	MH 1966A	2	Total	TOTAL UNITS - MODE 15-01	2,062,006	55,716	2,117,722
				To include Case management of Non-Open Cases (MAA) units to Outpatient services.			
48	MH 1966A	2	Total	TOTAL UNITS - MODE 55	3,704,811	(913,834)	2,790,977
49	MH 1966A	2	Total	TOTAL UNITS - MODE 45-20	2,122	913,834	915,956 *
				To include Medi-Cal Outreach units to Outreach services.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				ALAMEDA COUNTY		Provider Number	No. of Adj.	Fiscal Period Ended	
						00001	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>					
50	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS	51.40%	1,347,926	33,970	1,381,896	
51	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS	51.40%	3,538	(1,262)	2,276	
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		<u>1,351,464</u>	<u>32,708</u>	<u>1,384,172</u> *	
52	MH 1966A	8A	Total	TOTAL MEDICAL UNITS	52.18%	4,393,937	39,465	4,433,402	
53	MH 1966A	9A	Total	TOTAL MEDI/MEDI UNITS	52.18%	43,144	(22,463)	20,681	
Info.	MH 1966A	8A+9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		<u>4,437,081</u>	<u>17,002</u>	<u>4,454,083</u> *	
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.					
54	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS	51.40%	** 1,384,172	(573,138)	811,034 *	
55	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS	52.18%	** 4,454,083	719,568	5,173,651 *	
Info.	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		<u>5,838,255</u>	<u>146,430</u>	<u>5,984,685</u> *	
				To adjust Medi-Cal and Medi/Medi units to agree with County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.					
56	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS	51.40%	** 811,034	147,642	958,676 *	
57	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS	52.18%	** 5,173,651	(416,750)	4,756,901 *	
Info.	MH 1966A		TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS		<u>5,984,685</u>	<u>(269,108)</u>	<u>5,715,577</u> *	
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.					
				* Balance carried forward to subsequent adjustment.					
				** Balance brought forward from prior adjustment.					

AUDIT ADJUSTMENTS

Provider					Provider Number		No. of Adj.		Fiscal Period Ended	
ALAMEDA COUNTY					00001		89		June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>						
58	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS	51.40%	**	958,676	(3,145)	955,531	
59	MH 1966A	9	TOTAL	TOTAL MEDICAL UNITS	50.70%	**	4,756,901	(25,011)	4,731,890	
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS		**	<u>5,715,577</u>	<u>(28,156)</u>	<u>5,687,421</u> *	
				To identify Medi/Medi units for settlement purposes.						
60	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS	51.40%	**	5,687,421	1,500	5,688,921	
				To eliminate LCSW SFC 50 units in excess of the total units.						
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>						
61	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS	51.40%		4,055,780	59,630	4,115,410	
62	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS	51.40%		15,249	2,972	18,221	
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS			<u>4,071,029</u>	<u>62,602</u>	<u>4,133,631</u> *	
63	MH 1966A	8A	Total	TOTAL MEDICAL UNITS	52.18%		13,707,883	221,156	13,929,039	
64	MH 1966A	9A	Total	TOTAL MEDI/MEDI UNITS	52.18%		48,664	17,739	66,403	
Info.	MH 1966A	8A+9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS			<u>13,756,547</u>	<u>238,895</u>	<u>13,995,442</u> *	
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.						
				* Balance carried forward to subsequent adjustment.						
				** Balance brought forward from prior adjustment.						

AUDIT ADJUSTMENTS

Provider ALAMEDA COUNTY				Provider Number 00001	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
65	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	4,133,631	(2,100,408)	2,033,223 *
66	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 52.18% **	13,995,442	2,086,435	16,081,877 *
Info.	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>18,129,073</u>	<u>(13,973)</u>	<u>18,115,100 *</u>
				To adjust Medi-Cal and Medi/Medi units to agree with County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
67	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	2,033,223	1,406,374	3,439,597 *
68	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 52.18% **	16,081,877	(1,574,325)	14,507,552 *
Info.	MH 1966A		TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS **	<u>18,115,100</u>	<u>(167,951)</u>	<u>17,947,149 *</u>
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
69	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40% **	3,439,597	(6,939)	3,432,658
70	MH 1966A	9	TOTAL	TOTAL MEDICAL UNITS 50.70% **	14,507,552	(33,827)	14,473,725
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS **	<u>17,947,149</u>	<u>(40,766)</u>	<u>17,906,383</u>
				To identify Medi/Medi units for settlement purposes.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
ALAMEDA COUNTY				00001	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
71	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02	6,607	120	6,727 *
72	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03	9,454	355	9,809 *
				To adjust Healthy Families units to agree with the State Department of Mental Health Summary of Approved claims.			
73	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02 **	6,727	(870)	5,857
74	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03 **	9,809	(1,015)	8,794
				To adjust Healthy Families units to agree with the County's record.			
75	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/02-09/30/02 **	5,857	540	6,397
76	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/02-06/30/03 **	8,794	(895)	7,899
				To adjust Healthy Families units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records.			
77	MH 1966A	10	TOTAL	TOTAL ENHANCE CHILDREN UNITS 07/01/02-09/30/02	611	(181)	430 *
78	MH 1966A	10A	TOTAL	TOTAL ENHANCE CHILDREN UNITS 10/01/02-06/30/03	5,280	3,256	8,536 *
				To adjust Enhance Children units to agree with the State Department of Mental Health Summary of Approved claims.			
Info.	MH 1966A	10	TOTAL	TOTAL ENHANCE CHILDREN UNITS 07/01/02-09/30/02 **	430	0	430
Info.	MH 1966A	10A	TOTAL	TOTAL ENHANCE CHILDREN UNITS 10/01/02-06/30/03 **	8,536	0	8,536
				To adjust Enhance Children units to agree with the County's record.			
Info.	MH 1966A	10	TOTAL	TOTAL ENHANCE CHILDREN UNITS 07/01/02-09/30/02 **	430	0	430
Info.	MH 1966A	10A	TOTAL	TOTAL ENHANCE CHILDREN UNITS 10/01/02-06/30/03 **	8,536	0	8,536
				To adjust Enhance Children units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider ALAMEDA COUNTY				Provider Number 00001	No. of Adj. 89	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY</u>			
Info.	MH 1968	28	TOTAL	PATIENT AND OTHER PAYOR REVENUES (07/01/02 - 09/30/02)	\$ 570,032	\$ 0	\$ 570,032
79	MH 1968	28A	TOTAL	PATIENT AND OTHER PAYOR REVENUES (10/01/02 - 06/30/03)	\$ 1,867,250	\$ 382,577	\$ 2,249,827
				To adjust patient and other payor revenues to agree with County records.			
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
80	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB	\$ 50,604,296	\$ 4,990,236	\$ 55,594,532
				To adjust the outpatient Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the costs and the SD/MC units of service/time.			
81	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 22,197,839	\$ (2,501,075)	\$ 19,696,764
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs, units, and revenues.			
82	MH 1979	25	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY	\$ 42,311	\$ (3,192)	\$ 39,119
				To adjust Total HEALTHY FAMILIES Reimbursement (FFP) due to the adjustments to reported costs and units.			
83	MH 1979	25	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 22,240,150	\$ (2,504,268)	\$ 19,735,882 *
				To adjust SD/MC and Healthy Families in conjunction with adjustment numbers 85 and 86.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
ALAMEDA COUNTY				00001	89	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
84	SCH 2			TOTAL SD/MC REIMBURSEMENT ** \$ 19,735,882 To adjust Total SD/MC Reimbursement for contract providers as a result of adjustments to SD/MC units. Per Final Settlement \$ 25,823,439 Adjustment 152,722 Per Audit <u>\$ 25,976,161</u>		25,976,161	45,712,043 *
85	SCH 2			TOTAL SD/MC REIMBURSEMENT ** \$ 45,712,043 To adjust Total Healthy Family Reimbursement for contract providers as a result of adjustments to units. Per Final Settlement \$ 83,855 Adjustment (911) Per Audit <u>\$ 82,944</u>		\$ 82,944	\$ 45,794,987
86	SCH 4	10		EPSDT -SGF \$ 13,882,207 To adjust the final settlement under EPSDT program to reflect the adjustments made to costs and units of service/time.		\$ (117,702)	\$ 13,764,506
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: ALAMEDA COUNTY		A	B	C
Legal Entity Number: 00001		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	33,734,743	132,424,707	166,159,450
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(108,660,302)	(108,660,302)
4	Other Adjustments (Provide Detail)	(1,349)	32,221,207	32,219,858
5	Total Costs Before Medi-Cal Adjustments	33,733,394	55,985,612	89,719,006
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			89,719,006
	Administrative Costs (County Only)			
9	SD/MC Administration			8,402,464
10	Healthy Families Administration			11,192
11	Non-SD/MC Administration			4,351,999
12	Total Administrative Costs			12,765,655
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			1,354,362
14	Other SD/MC Utilization Review			597,645
15	Non-SD/MC Utilization Review			779,985
16	Total Utilization Review Costs			2,731,992
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			74,221,359
19	Total Costs - Lines 9 through 18			89,719,006

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: ALAMEDA COUNTY		A
Legal Entity Number: 00001		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	74,221,359
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	27,605,014
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	8,783,906
5	Outpatient Services (Mode 15 Program 1 + Program 2)	26,531,732
6	Outreach Services (Mode 45)	3,369,806
7	Medi-Cal Administrative Activities (Mode 55)	5,984,541
8	Support Services (Mode 60)	1,946,360
9	Total - Lines 2 through 8	74,221,359

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: ALAMEDA COUNTY
County Code: 01

County Code: 01			CR		CR		CR		
Legal Entity: ALAMEDA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00001				Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Hospital Inpatient (SFC 10-19)			Mode Total	10	11	19			
1	Allocation Percentage		100.00%	76.40%	0.12%	23.48%			
2	Total Units			20,455	41	6,256			
3	Gross Cost		27,605,014	21,088,917	34,198	6,481,899			
4	Cost per Unit			1,030.99	834.10	1,036.11			
5	SMA per Unit			838.20	838.20	235.96			
6	Published Charge per Unit			1,143.00	1,143.00	1,143.00			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		07/01/02 - 09/30/02	1,985		915			
8A			10/01/02 - 06/30/03	6,932		2,031			
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02	736					
9A			10/01/02 - 06/30/03	2,444					
10	Enhanced SD/MC (Children) Units		07/01/02 - 09/30/02						
10A			10/01/02 - 06/30/03	6		1			
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03						
11	Healthy Families (SED) Units		07/01/02 - 09/30/02						
11A			10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			8,352	41	3,309			
13	Medi-Cal Costs		07/01/02 - 09/30/02	2,647,652	2,046,517	601,135	*		
13A			10/01/02 - 06/30/03	8,523,768	7,146,828	1,376,940	*		
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	2,264,962	1,663,827	601,135	*		
14A			10/01/02 - 06/30/03	7,187,342	5,810,402	1,376,940	*		
15	Medi-Cal Published Charges		07/01/02 - 09/30/02	2,869,990	2,268,855	601,135	*		
15A			10/01/02 - 06/30/03	9,300,216	7,923,276	1,376,940	*		
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02						
16A			10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02	758,809	758,809				
17A			10/01/02 - 06/30/03	2,519,742	2,519,742				
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02	616,915	616,915				
18A			10/01/02 - 06/30/03	2,048,561	2,048,561				
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02	841,248	841,248				
19A			10/01/02 - 06/30/03	2,793,492	2,793,492				
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02						
20A			10/01/02 - 06/30/03						
21	Enhanced SD/MC (Children) Costs		07/01/02 - 09/30/02						
21A			10/01/02 - 06/30/03	6,422	6,186	236	*		
22	Enhanced SD/MC (Children) SMA Upper Limits		07/01/02 - 09/30/02						
22A			10/01/02 - 06/30/03	5,266	5,029	236	*		
23	Enhanced SD/MC (Children) Published Charges		07/01/02 - 09/30/02						
23A			10/01/02 - 06/30/03	7,094	6,858	236	*		
24	Enhanced SD/MC (Children) Negotiated Rates		07/01/02 - 09/30/02						
24A			10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs		07/01/02 - 09/30/02						
29A			10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02						
30A			10/01/02 - 06/30/03						
31	Healthy Families Published Charges		07/01/02 - 09/30/02						
31A			10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02						
32A			10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		13,148,621	8,610,835	34,198	4,503,587			

*SFC 19 Limited to SMA + Physician and Ancillary

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: ALAMEDA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00001			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				20	30	49	95		
1	Allocation Percentage		100.00%	74.80%	16.44%	3.68%	5.08%		
2	Total Units			65,421	2,228	5,197	3,305		
3	Gross Cost		8,783,906	6,570,521	1,444,481	323,079	445,825		
4	Cost per Unit			100.43	648.33	62.17	134.89		
5	SMA per Unit			82.94			115.14		
6	Published Charge per Unit			95.27			127.94		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		7,089					
8A		10/01/02 - 06/30/03		22,152					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		1,240					
9A		10/01/02 - 06/30/03		3,797					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03		2					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			31,141	2,228	5,197	3,305		
13	Medi-Cal Costs	07/01/02 - 09/30/02	711,980	711,980					
13A		10/01/02 - 06/30/03	2,224,824	2,224,824					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	587,962	587,962					
14A		10/01/02 - 06/30/03	1,837,287	1,837,287					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	675,369	675,369					
15A		10/01/02 - 06/30/03	2,110,421	2,110,421					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	124,539	124,539					
17A		10/01/02 - 06/30/03	381,350	381,350					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	102,846	102,846					
18A		10/01/02 - 06/30/03	314,923	314,923					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	118,135	118,135					
19A		10/01/02 - 06/30/03	361,740	361,740					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03	201	201					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03	166	166					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03	191	191					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		5,341,013	3,127,629	1,444,481	323,079	445,825		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2
Fiscal Year 2002-2003

County: ALAMEDA COUNTY County Code: 01			CR		CR		CR		CR		CR		CR	
Legal Entity: ALAMEDA COUNTY			A	B	C	D	E	F	G					
Legal Entity Number: 00001			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function				
Mode: 15 - Outpatient (Program 1)				01	10	30	40	50	60					
1	Allocation Percentage		100.00%	26.20%	3.36%	19.45%	16.24%	3.44%	20.78%					
2	Total Units			2,117,722	244,482	1,416,115	1,182,669	250,345	902,396					
3	Gross Cost		23,263,897	6,095,619	781,044	4,524,050	3,778,262	799,774	4,833,337					
4	Cost per Unit			2.88	3.19	3.19	3.19	3.19	5.36					
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28	4.23					
6	Published Charge per Unit			2.73	3.03	3.03	3.03	3.03	5.08					
7	Negotiated Rate / Cost per Unit													
8	Medi-Cal Units	07/01/02 - 09/30/02		392,200	32,475	121,917	135,619	26,124	98,072					
8A		10/01/02 - 06/30/03		1,150,760	130,879	432,064	528,148	109,258	249,702					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		560	330	90		39	150					
9A		10/01/02 - 06/30/03		3,310	320	780	1,175		13,155					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02												
10A		10/01/02 - 06/30/03							30					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03												
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		1,275	15	450	1,875	280	52					
11A		10/01/02 - 06/30/03		1,770	2,100	1,090	7,975	1,108	1,937					
12	Non-Medi-Cal Units			567,847	78,363	859,724	507,877	113,536	539,298					
13	Medi-Cal Costs	07/01/02 - 09/30/02	2,768,452	1,128,903	103,748	389,487	433,261	83,458	525,285					
13A		10/01/02 - 06/30/03	8,851,755	3,312,330	418,118	1,380,311	1,687,270	349,046	1,337,433					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,922,254	694,194	74,043	277,971	309,211	59,563	414,845					
14A		10/01/02 - 06/30/03	6,155,293	2,036,845	298,404	985,106	1,204,177	249,108	1,056,239					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	2,625,734	1,070,706	98,399	369,409	410,926	79,156	498,206					
15A		10/01/02 - 06/30/03	8,395,434	3,141,575	396,563	1,309,154	1,600,288	331,052	1,268,486					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02												
16A		10/01/02 - 06/30/03												
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	3,882	1,612	1,054	288		125	803					
17A		10/01/02 - 06/30/03	87,255	9,527	1,022	2,492	3,754		70,460					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	2,672	991	752	205		89	635					
18A		10/01/02 - 06/30/03	66,691	5,859	730	1,778	2,679		55,646					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	3,682	1,529	1,000	273		118	762					
19A		10/01/02 - 06/30/03	82,757	9,036	970	2,363	3,560		66,827					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02												
20A		10/01/02 - 06/30/03												
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02												
21A		10/01/02 - 06/30/03	161						161					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02												
22A		10/01/02 - 06/30/03	127						127					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02												
23A		10/01/02 - 06/30/03	152						152					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02												
24A		10/01/02 - 06/30/03												
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03											
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03											
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03											
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03											
29	Healthy Families Costs	07/01/02 - 09/30/02	12,319	3,670	48	1,438	5,990	895	279					
29A		10/01/02 - 06/30/03	54,678	5,095	6,709	3,482	25,478	3,540	10,375					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	8,450	2,257	34	1,026	4,275	638	220					
30A		10/01/02 - 06/30/03	39,309	3,133	4,788	2,485	18,183	2,526	8,194					
31	Healthy Families Published Charges	07/01/02 - 09/30/02	11,684	3,481	45	1,364	5,681	848	264					
31A		10/01/02 - 06/30/03	51,859	4,832	6,363	3,303	24,164	3,357	9,840					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02												
32A		10/01/02 - 06/30/03												
33	Non-Medi-Cal Costs		11,485,396	1,634,482	250,346	2,746,553	1,622,510	362,712	2,888,543					

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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County: ALAMEDA COUNTY			CR					
County Code: 01			H	I	J	K	L	M
Legal Entity: ALAMEDA COUNTY			Service	Service	Service	Service	Service	Service
Legal Entity Number: 00001			Function	Function	Function	Function	Function	Function
Mode: 15 - Outpatient (Program 1)								
			70					
1	Allocation Percentage		10.54%					
2	Total Units		637,100					
3	Gross Cost		2,451,809					
4	Cost per Unit		3.85					
5	SMA per Unit		3.41					
6	Published Charge per Unit		3.65					
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02	27,105					
8A		10/01/02 - 06/30/03	95,429					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		514,566					
13	Medi-Cal Costs	07/01/02 - 09/30/02	104,311					
13A		10/01/02 - 06/30/03	367,248					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	92,428					
14A		10/01/02 - 06/30/03	325,413					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	98,933					
15A		10/01/02 - 06/30/03	348,316					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		1,980,251					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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DETAIL COST REPORT

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Fiscal Year 2002-2003

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: ALAMEDA COUNTY			PSYI	PSYI	PSYI	PSYI	PSYI	PSYI
Legal Entity Number: 00001			A	B	C	D	E	F
Mode: 15 - Outpatient (Program 2)			Mode Total	Service Function 30	Service Function 39	Service Function 40	Service Function 60	Service Function 69
1	Allocation Percentage		100.00%	2.34%	0.14%	3.69%	7.32%	1.61%
2	Total Units		214,770	4,725	96,000	127,650	42,540	300
3	Gross Cost		3,267,835	76,570	4,570	120,543	239,157	52,756
4	Cost per Unit			0.36	0.97	1.26	1.87	1.24
5	SMA per Unit			2.28	2.28	2.28	4.23	4.23
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		840	315		32,445	9,350
8A		10/01/02 - 06/30/03		4,515	3,780	84,270	85,930	9,240
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					30	
9A		10/01/02 - 06/30/03					45	
10	Enhanced SD/MC Units	07/01/02 - 09/30/02					90	
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			209,415	630	11,730	9,110	23,950
13	Medi-Cal Costs	07/01/02 - 09/30/02	118,983	299	305		60,787	11,595
13A		10/01/02 - 06/30/03	1,727,030	1,610	3,656	105,814	160,993	11,459
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	337,620	1,915	718		137,242	39,551
14A		10/01/02 - 06/30/03	5,083,151	10,294	8,618	192,136	363,484	39,085
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03	56				56	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03	127				127	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	84				84	
21A		10/01/02 - 06/30/03	229				169	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	190				190	
22A		10/01/02 - 06/30/03	620				381	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02	672					
29A		10/01/02 - 06/30/03	1,101					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	2,096					
30A		10/01/02 - 06/30/03	4,241					
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		1,419,680	74,661	609	14,729	17,068	29,702

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
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DETAIL COST REPORT

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County: ALAMEDA COUNTY County Code: 01			PSYO	PSYO	PSYO	LCSW	LCSW	LCSW	LCSW
Legal Entity: ALAMEDA COUNTY			H	I	J	K	L	M	N
Legal Entity Number: 00001			Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function	Function
			10	30	40	10	30	40	50
1	Allocation Percentage		0.67%	8.28%	6.20%	0.82%	1.76%	4.46%	0.00%
2	Total Units		30,995	430,810	264,150	38,575	82,880	202,300	270
3	Gross Cost		22,003	270,672	202,505	26,705	57,508	145,770	75
4	Cost per Unit		0.71	0.63	0.77	0.69	0.69	0.72	0.28
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	2,000					37,410	
8A		10/01/02 - 06/30/03	20,585	108,405	67,150	22,245	18,705	135,660	270
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02				60	480	240	
11A		10/01/02 - 06/30/03				300			
12	Non-Medi-Cal Units		8,410	322,405	197,000	15,970	63,695	28,990	
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,420					26,956	
13A		10/01/02 - 06/30/03	14,613	68,109	51,479	15,400	12,979	97,752	75
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	4,560					85,295	
14A		10/01/02 - 06/30/03	46,934	247,163	153,102	50,719	42,647	309,305	616
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02				42	333	173	
29A		10/01/02 - 06/30/03				208			
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02				137	1,094	547	
30A		10/01/02 - 06/30/03				684			
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		5,970	202,563	151,026	11,056	44,196	20,889	

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Fiscal Year 2002-2003County: ALAMEDA COUNTY
County Code: 01

			MFCC	MFCC	MFCC	MFCC	MIXED	MIXED	MIXED
Legal Entity: ALAMEDA COUNTY			O	P	Q	R	S	T	U
Legal Entity Number: 00001			Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function	Function
			10	30	40	50	10	30	39
1	Allocation Percentage		5.60%	7.98%	35.15%	0.53%	0.04%	0.26%	0.65%
2	Total Units		276,975	455,480	1,579,910	57,000	1,560	8,205	19,015
3	Gross Cost		182,870	260,680	1,148,502	17,214	1,156	8,375	21,386
4	Cost per Unit		0.66	0.57	0.73	0.30	0.74	1.02	1.12
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8		07/01/02 - 09/30/02							
8A	Medi-Cal Units	10/01/02 - 06/30/03	77,235	70,305	1,016,710	7,950	780	4,620	14,910
9		07/01/02 - 09/30/02							
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10		07/01/02 - 09/30/02							
10A	Enhanced SD/MC Units	10/01/02 - 06/30/03		105					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11		07/01/02 - 09/30/02							
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03		1,560					
12	Non-Medi-Cal Units		199,740	383,510	563,200	49,050	780	3,585	4,105
13		07/01/02 - 09/30/02							
13A	Medi-Cal Costs	10/01/02 - 06/30/03	50,994	40,237	739,089	2,401	578	4,716	16,769
14		07/01/02 - 09/30/02							
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	176,096	160,295	2,318,099	18,126	1,778	10,534	33,995
15		07/01/02 - 09/30/02							
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03							
16		07/01/02 - 09/30/02							
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02							
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18		07/01/02 - 09/30/02							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19		07/01/02 - 09/30/02							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20		07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02							
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03		60					
22		07/01/02 - 09/30/02							
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03		239					
23		07/01/02 - 09/30/02							
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24		07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
25		07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
29		07/01/02 - 06/30/03							
29A	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02							
29A	Healthy Families Costs	10/01/02 - 06/30/03		893					
30		07/01/02 - 09/30/02							
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03		3,557					
31		07/01/02 - 09/30/02							
31A	Healthy Families Published Charges	10/01/02 - 06/30/03							
32		07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		131,876	219,490	409,413	14,813	578	3,659	4,617

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County: ALAMEDA COUNTY County Code: 01			MIXED	MIXED	MIXED	ASO	ASO	ASO	ASO
Legal Entity: ALAMEDA COUNTY			V	W	X	Y	Z	AA	AB
Legal Entity Number: 00001			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)			40	60	69	10	30	40	50
1	Allocation Percentage		0.55%	0.89%	9.12%	0.11%	0.05%	1.68%	0.02%
2	Total Units		17,125	20,130	179,265	8,760	2,460	100,275	660
3	Gross Cost		17,823	29,190	297,961	3,522	1,520	54,937	743
4	Cost per Unit		1.04	1.45	1.66	0.40	0.62	0.55	1.13
5	SMA per Unit		2.28	4.23	4.23	2.28	2.28	2.28	2.28
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	2,115			2,190		24,780	180
8A		10/01/02 - 06/30/03	10,645	12,365	156,650	5,730	1,740	61,380	270
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			75				
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		4,365	7,765	22,540	840	720	14,115	210
13	Medi-Cal Costs	07/01/02 - 09/30/02	2,201			881		13,576	203
13A		10/01/02 - 06/30/03	11,079	17,930	260,372	2,304	1,075	33,628	304
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	4,822			4,993		56,498	410
14A		10/01/02 - 06/30/03	24,271	52,304	662,630	13,064	3,967	139,946	616
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02			125				
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02			317				
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		4,543	11,260	37,464	338	445	7,733	236

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 5 OF 5
Fiscal Year 2002-2003County: ALAMEDA COUNTY
County Code: 01

ASO

Legal Entity: ALAMEDA COUNTY			AC	AD	AE	AF	AG	AH	AI
Legal Entity Number: 00001			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)			60						
1	Allocation Percentage		0.08%						
2	Total Units		1,290						
3	Gross Cost		2,728						
4	Cost per Unit		2.11						
5	SMA per Unit		4.23						
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	285						
8A		10/01/02 - 06/30/03	690						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		315						
13	Medi-Cal Costs	07/01/02 - 09/30/02	603						
13A		10/01/02 - 06/30/03	1,459						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,206						
14A		10/01/02 - 06/30/03	2,919						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		666						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: ALAMEDA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00001			Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function	Function
			10	20				
1	Allocation Percentage	100.00%	18.46%	81.54%				
2	Total Units		768	570,803				
3	Gross Cost	3,369,806	622,151	2,747,655				
4	Cost per Unit		810.09	4.81				
5	Non-Medi-Cal Units		768	570,803				
6	Non-Medi-Cal Costs	3,369,806	622,151	2,747,655				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2
Fiscal Year 2002-2003

County: ALAMEDA COUNTY
County Code: 01

County Code: 01		MAA	MAA	MAA	MAA	MAA	MAA	
Legal Entity: ALAMEDA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00001		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			01	04	11	14	17	21
1	Allocation Percentage		100.00%	2.14%	4.16%	2.02%	11.12%	7.00%
2	Total Units		149,325	304,065	36,885	417,924	129,524	1,354,389
3	Total Expenditures	5,984,541	127,848	248,984	120,634	665,219	418,655	3,090,948
4	Cost per Unit		0.86	0.82	3.27	1.59	3.23	2.28
5	Non-Medi-Cal Costs	1,601,281						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 2 OF 2
Fiscal Year 2002-2003

County: ALAMEDA COUNTY

County Code: 01

MAA

MAA

Legal Entity: ALAMEDA COUNTY		H	I	J	K	L	M	N
Legal Entity Number: 00001		Service	Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Function	Function	Function	Function	Function	Function	Function
		27	31					
1	Allocation Percentage	2.72%	19.21%					
2	Total Units	52,954	345,912					
3	Total Expenditures	162,635	1,149,617					
4	Cost per Unit	3.07	3.32					
5	Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: ALAMEDA COUNTY
County Code: 01

			CR	CR	CR			
Legal Entity: ALAMEDA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00001			Service	Service	Service	Service	Service	Service
Mode: 60 - Support		Mode Total	Function	Function	Function	Function	Function	Function
			20	30	40			
1	Allocation Percentage	100.00%	14.17%	34.57%	51.26%			
2	Total Units		1,504	3,668	69,440			
3	Gross Cost	1,946,360	275,878	672,821	997,661			
4	Cost per Unit		183.43	183.43	14.37			
5	Non-Medi-Cal Units (Same as Line 2)		1,504	3,668	69,440			
6	Non-Medi-Cal Costs (Same as Line 3)	1,946,360	275,878	672,821	997,661			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1966 (10/04)

Fiscal Year 2002-2003

County: ALAMEDA COUNTY County Code: 01 Legal Entity: ALAMEDA COUNTY Legal Entity Number: 00001			REIMBURSEMENT TYPE				SMA	SMA			Costs		
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total Inpatient	Mode 05- Hospital			Total Outpatient			
			S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29	MAA	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Program (2)	Mode 15 Program (2)	Total Outpatient (Col I + Col. J)	
1	Medi-Cal Costs	07/01/02 - 09/30/02					2,994,557		711,980	2,768,452	3,480,432	118,983	3,599,415
1A		10/01/02 - 06/30/03					9,251,166		2,224,824	8,851,755	11,076,579	1,727,030	12,803,609
2	Medi-Cal SMA	07/01/02 - 09/30/02					2,264,962		587,962	1,922,254	2,510,216	337,620	2,847,836
2A		10/01/02 - 06/30/03					7,187,342		1,837,287	6,155,293	7,992,580	5,083,151	13,075,731
3	Medi-Cal P. C.	07/01/02 - 09/30/02					3,314,700		675,369	2,625,734	3,301,103		3,301,103
3A		10/01/02 - 06/30/03					10,244,709		2,110,421	8,395,434	10,505,855		10,505,855
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02					2,264,962		587,962	1,922,254	2,510,216	118,983	2,629,199
5A		10/01/02 - 06/30/03					7,187,342		1,837,287	6,155,293	7,992,580	1,727,030	9,719,610
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02					758,809		124,539	3,882	128,420		128,420
6A		10/01/02 - 06/30/03					2,519,742		381,350	87,255	468,605	56	468,661
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02					616,915		102,846	2,672	105,518		105,518
7A		10/01/02 - 06/30/03					2,048,561		314,923	66,691	381,615	127	381,741
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02					841,248		118,135	3,682	121,816		121,816
8A		10/01/02 - 06/30/03					2,793,492		361,740	82,757	444,497		444,497
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02					616,915		102,846	2,672	105,518		105,518
10A		10/01/02 - 06/30/03					2,048,561		314,923	66,691	381,615	56	381,671
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02					2,881,878		690,807	1,924,927	2,615,734	118,983	2,734,717
11A		10/01/02 - 06/30/03					9,235,903		2,152,210	6,221,985	8,374,195	1,727,087	10,101,281
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02										84	84
12A		10/01/02 - 06/30/03					7,222		201	161	362	229	590
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02										190	190
13A		10/01/02 - 06/30/03					5,266		166	127	293	620	913
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03					8,001		191	152	343		343
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02										84	84
16A		10/01/02 - 06/30/03					5,266		166	127	293	229	521
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02					2,881,878		690,807	1,924,927	2,615,734	119,068	2,734,801
21A	(Excludes Refugees)	10/01/02 - 06/30/03					9,241,169		2,152,376	6,222,112	8,374,487	1,727,315	10,101,803
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02								12,319	12,319	672	12,991
23A		10/01/02 - 06/30/03								54,678	54,678	1,101	55,778
24	Healthy Families SMA	07/01/02 - 09/30/02								8,450	8,450	2,096	10,546
24A		10/01/02 - 06/30/03								39,309	39,309	4,241	43,550
25	Healthy Families P. C.	07/01/02 - 09/30/02								11,684	11,684		11,684
25A		10/01/02 - 06/30/03								51,859	51,859		51,859
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02								8,450	8,450	672	9,122
27A		10/01/02 - 06/30/03								39,309	39,309	1,101	40,409
28	Less: Patient and Other Payor Revenues												
28A	SD/MC + Crossover Revenues	07/01/02 - 09/30/02					548,084		20,253	1,695	21,948		21,948
28A		10/01/02 - 06/30/03					2,134,424		94,804	20,599	115,403		115,403
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		376,832	2,354,126	3,253,583	5,984,541							
33	Medi-Cal Eligibility Factor (Average)			71.45%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	376,832	1,681,905	2,324,522	4,383,260	2,333,794		670,554	1,923,232	2,593,786	119,068	2,712,853
35A		10/01/02 - 06/30/03					7,106,745		2,057,572	6,201,513	8,259,085	1,727,315	9,986,400
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02								8,450	8,450	672	9,122
37A		10/01/02 - 06/30/03								39,309	39,309	1,101	40,409
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: ALAMEDA COUNTY

County Code: 01

Legal Entity: ALAMEDA COUNTY

Legal Entity Number: 00001		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
Mode							
1	05 - Hospital Inpatient (SFC 10-19)	2,333,794	7,101,479	1,199,570	3,652,606		
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	670,554	2,057,406	344,665	1,051,573		
4	15 - Outpatient (Program 1)	1,923,232	6,201,386	988,541	3,204,325		
5	15 - Outpatient (Program 2)	118,983	1,727,087	61,157	901,923		
6	Totals	5,046,563	17,087,357	2,593,933	8,810,427		
7	Totals from MH1979	5,046,563	17,087,357	2,593,933	8,810,427		
8	Effective SD/MC FFP %					51.40%	51.56%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: ALAMEDA COUNTY		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00001		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.56% FFP	Variable % FFP	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement		12,123,046	12,836,604	24,959,650						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement		2,153,472	53,441,060	55,594,532						
3	Total Medi-Cal Direct Service Gross Reimbursement				80,554,182						
4	Medi-Cal Administrative Reimbursement Limit				12,083,127						
5	Medi-Cal Administration				8,402,464						
6	Medi-Cal Administrative Reimbursement				8,402,464	4,201,232					4,201,232
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			104,730	104,730						
8	Healthy Families Administrative Reimbursement Limit				10,473						
9	Healthy Families Administration				11,192						
10	Healthy Families Administrative Reimbursement				10,473				6,834		6,834
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09	376,832			376,832	188,416					188,416
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	1,681,905			1,681,905	840,953					840,953
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	2,324,522			2,324,522					1,743,392	1,743,392
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				1,354,362					1,015,772	1,015,772
15	Other SD/MC Utilization Review (County Only)				597,645	298,823					298,823
16	SD/MC Net Reimbursement for Direct Services		2,333,794	2,712,769	5,046,563		259,393	265			2,593,933
16A			7,101,479	9,985,878	17,087,357			8,810,427			8,810,427
17	Enhanced SD/MC Net Reimb. (Children)			84	84				56		56
17A			5,266	521	5,787				3,762		3,762
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										19,696,764
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										19,696,764
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										19,696,764
24	Healthy Families Net Reimbursement			9,122	9,122				6,019		6,019
24A				40,409	40,409				26,266		26,266
25	Total Healthy Families Reimbursement Before Excess FFP										39,119
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										39,119

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 CALCULATION OF SHORT-DOYLE/MEDI-CAL
 FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS
 MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: ALAMEDA COUNTY		LEGAL ENTITY			NAME: ALAMEDA COUNTY			
COUNTY CODE: 01					NUMBER: 00001			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC		\$231.30	07/01/02 - 07/31/02	253	\$ 58,519	\$50,955	\$55,001	\$164,475
		\$236.38	08/01/02 - 09/30/02	662	\$ 156,484	\$134,739	\$145,438	\$436,661
		\$236.38	10/01/02 - 12/31/02	825	\$ 195,014	\$166,158	\$179,351	\$540,523
		\$236.38	01/01/03 - 06/30/03	1,206	\$ 285,074	\$287,202	\$264,141	\$836,417
Children EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02	1	\$ 236			\$236
		\$236.38	01/01/03 - 06/30/03					
Refugees EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
Healthy Families		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
GRAND TOTAL					\$ 695,327	\$ 639,054	\$ 643,931	\$ 1,978,312